

176780 S.A.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5100 - Fax # (803)-896-5199

2005-361-T
CLASS C - CHARTER11/17/05
DATE 11/13, 2005APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CHARLESTON BLACK CAB COMPANY

2. (a) Street Address of Applicant

1140 BARFIELD ST
DANIEL ISLAND, SC, 29492

- (b) Mailing address, if different from street address

(c) Telephone Number 843-216-2677 SS No. (SEE ATTACHED SHEET)

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.) ATTACHED

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

CARL ROWE - 1140 BARFIELD ST, DANIEL ISLAND, SC, 29492

VERITY ROWE - 1140 BARFIELD ST, DANIEL ISLAND, SC, 29492

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

OK [signature]

BALANCE SHEET

Balance at Time Application is Filed:

Month: NOVEMBER Year: 2005

Assets:	
Cash	\$35,000.00
Receivables	/
Real Estate	/
Buildings and Equipment-Net	/
Motor Vehicles-Net	\$160,000.00
Garage Equipment-Net	/
Machinery and Tools-Net	/
Supplies on Hand	/
Prepays and Other Assets	\$25,000.00
Total Assets	\$220,000.00
Liabilities and Equity:	
Accounts Payable	\$3,200
Notes Payable	/
Mortgages Payable	/
Equipment Obligations	/
Accrued Salaries and Wages	/
Other Accrued Obligations	\$5,000
Other Liabilities	/
Total Liabilities	/
Capital Stock	\$1,000
Retained Earnings	/
Total Equity	/
Total Liabilities and Equity	\$9,200

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF CHARLESTONI, CARL ROWE
(Name of Applicant's Representative)PRESIDENT
(Title)

of CHARLESTON BLACK CAB COMPANY, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At BERKELEY COUNTY, SCThis the 14th day of NOVEMBER 2005Thomas Pomposell
(Notary Public)[Signature]
(Signature of Applicant's Representative)

Commission Expires

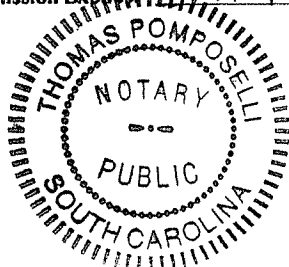
11/1/2015

EXHIBIT C

CLASS C

TAXI _____

CHARTER _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant _____

CHARLESTON BLACK CAB COMPANY.

For the transportation of passengers as follows:

Area to be served: CHARLESTON, BERKLEY & DORCHESTER
COUNTIES.Number of passengers: FIVE.Fares: \$50 PER HOUR, MIN TWO HOUR HIRE.

Date

11/13/2005CARL ROWE

By

PRESIDENT.

Title

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

CHARLESTON BLACK CAB COMPANY
(Name of Motor Carrier)

1140 BARFIELD ST, DANIEL ISLAND, SC, 29492
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$ 18,050

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

NATIONAL CASUALTY INSURANCE
(Insurance Company Name)

8877 NORTH GAINWAY CENTER DR, SCOTTSDALE, ARIZONA
(Home Office Address of Company) 85258

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11/14/05
Date

James Burnett
(Authorized Insurance Company Representative)

- Form E Certificate of Insurance is required to be filed with the SC Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211
Office # 803-737-0800 Fax # 803-737-0801

EXHIBIT FWA

Name: CHARLESTON BLACK CAB COMPANY
 Address: 1140 BARFIELD ST, DANIEL ISLAND, SC, 29492
 Telephone No. 843-216-2627 Fax No. 843-216-2650
 U.S.D.O.T. No. ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes No X Pending (Submit when received)
 (If "yes", indicate rating and provide copy) Satisfactory
 Conditional
 Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes No X

3. Are there currently any outstanding judgement (s) against Applicant?

Yes No X
 (If "yes", indicate nature of judgement (s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


 (Applicant's Signature)

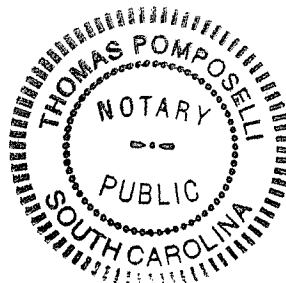
Sworn to before me

At BERKELEY COUNTY, SC

This 14th day of NOVEMBER, 2005

Thomas Pomposelli
 (Notary Public)

Commission Expires: 1/7/2015



ATTACHED SHEET 1

SSN NUMBER;

AT THIS TIME I DO NOT HAVE A SSN NUMBER. I AM FROM THE UNITED KINGDOM AND AM ESTABLISHING THE CHARLESTON BLACK CAB COMPANY UNDER THE INTERNATIONAL INVESTOR TREATY PROGRAM, E2 VISAS. UNTIL THE BUSINESS IS ESTABLISHED THE FINAL APPLICATION FOR THIS VISA CANNOT BE PROCESSED, SO FOR THE INTERIM PERIOD I HAVE VBEEN ASSIGNED AN ITIN (INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER) WHICH IS AS FOLLOWS;

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JUN 07 2005

ARTICLES OF INCORPORATION
CHARLESTON BLACK CAB COMPANY

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the proposed corporation is CHARLESTON BLACK CAB COMPANY
2. The initial registered office of the corporation is 1140 BARFIELD ST, DANIEL ISLAND, SC, 29492 and the initial registered agent at such address is CARL ROWE.
3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:
 - a. ☒ If the corporation is authorized to issue a single class of shares, the total number of shares authorized is 10,000.
 - b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
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The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

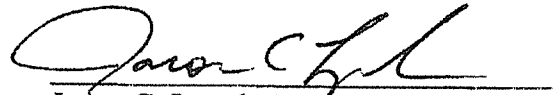
4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See 33-1-230(b)): UPON FILING
5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See 33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code): NONE
6. The name and address of each incorporator is as follows (only one is required):

Name	Address	Signature
Carl Rowe	1140 BARFIELD ST, DANIEL ISLAND, SC 29492	<i>Carl Rowe</i>



7. I, Jason C. Lynch, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date: JUNE 6, 2005



Jason C. Lynch, Esquire
205 King Street, Suite 400
Charleston, S.C. 29401
843-577-9440

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1
(Rev. 9/20/00)
3134

Office Use Only

File Number _____ ENDING PERIOD _____ SID Number _____
Month Year

Date "Application for Charter" filed with Secretary of State SEP 07 2005 For Secretary of State Use Only
Date of "Request for authority to do business in this state" (Foreign Corp.) _____
FED E.I. Number _____

Business Code _____

(Office Use Only)

NAME OF CORPORATION: **CHARLESTON BLACK CAB COMPANY**

PHYSICAL ADDRESS OF HEADQUARTERS: (Number and Street)
1140 BARFIELD ST

CITY AND STATE
DANIEL ISLAND, SC

ZIP
29492

COUNTY
BERKLEY

MAILING ADDRESS FOR TAX MATTERS
1140 BARFIELD ST

CITY AND STATE
DANIEL ISLAND, SC

ZIP
29492

1. State of Incorporation: **South Carolina**
2. Indicate month corporation closes its books: **December 31**
3. Nature of principal business in SC: **Taxi Company**
4. Location of registered office of the corporation in the state of SC is **1140 BARFIELD ST** in the city of **DANIEL ISLAND**.
Registered agent at such address is **Carl Rowe**.
5. Location of principal office in SC (street, city, zip and county): **1140 BARFIELD ST, DANIEL ISLAND, 29492**
6. Date business commenced in SC: **//** Telephone #: **843-364-5023**
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:

SSN/ Name/Title

/Carl Rowe, President

Business Address and Office

1140 BARFIELD ST, DANIEL ISLAND, SC, 29492

9. The total number of authorized shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares	Class	Series
10,000	Common (without par value)	

10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares	Class	Series
NONE ISSUED		

1. Fee due with this report
2. Interest due
3. Penalty due
4. Total - Due (Make remittance payable to SC Department of Revenue)

1. _____ 25.00
2. _____
3. _____
4. \$ _____ 25.00

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

THIS RETURN PREPARED BY

SIGNATURE OF OFFICER AUTHORIZED TO SIGN

DATE: June 16, 2005

TITLE: **INCORPORATOR**

The State of South Carolina



Office of Secretary of State Mark Hammond

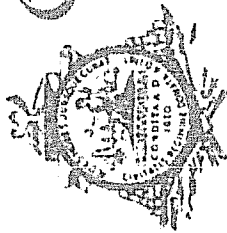
Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON BLACK CAB COMPANY,
a corporation duly organized under the laws of the State of South Carolina on June 7th, 2005, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
7th day of June, 2005.


Mark Hammond, Secretary of State



City of Charleston, South Carolina

BUSINESS LICENSE

LICENSE NUMBER

30467

A LICENSE IS HEREBY GRANTED TO:

ACCOUNT NUMBER

2005

DATE OF ISSUE		
MO	DAY	YEAR
07	12	05

CLASS

5-4121

ROWE, CARL
DBA; CHARLESTON BLACK CAB COMPANY
1140 BARFIELD ST
DANIEL ISLAND SC 29492
LOCATION; 1140 BARFIELD ST

THIS LICENSE (OR PERMIT) IS ISSUED ON THE PETITION OF THE APPLICANT, WHO ASSUMES ALL RESPONSIBILITY OF COMPLIANCE WITH FEDERAL OR STATE REGULATIONS. THE CITY WILL MAKE NO REFUND IF SUCH REGULATIONS PREVENT OR RESTRICT THE TRADE, BUSINESS, OR PROFESSION HEREIN PROPOSED.

THIS LICENSE MUST BE PLACED IN THE FRONT WINDOW; OR, IF THERE BE NO SUCH WINDOW, THEN IN A CONSPICUOUS PART OF THE BUSINESS PLACE.

Alan D. Hargis
FOR REVENUE COLLECTIONS DIRECTOR
CHARLESTON, SOUTH CAROLINA